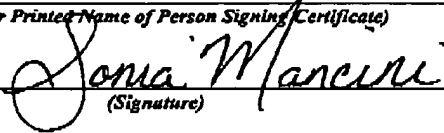
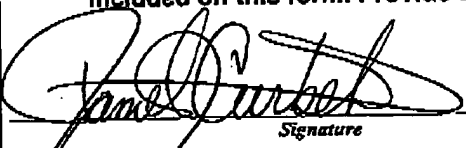
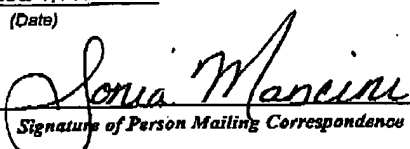


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Dixit, et al.			Docket No. 126124-4	
Application No. 10/758,347	Filing Date January 15, 2004	Examiner S. Sastri	Group Art Unit 1713	
Invention: METHOD FOR PREPARATION OF AN ANTHRAQUINONE COLORANT COMPOSITION				
RECEIVED CENTRAL FAX CENTER OCT 07 2004				
<p>I hereby certify that this <u>Amendment Transmittal Letter (1 pg) & Amendment A (15 pgs)</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>October 7, 2004</u> <small>(Date)</small></p> <div style="text-align: right;"><p><u>Sonia Mancini</u> <small>(Typed or Printed Name of Person Signing Certificate)</small></p><p><u></u> <small>(Signature)</small></p></div> <p>Note: Each paper must have its own certificate of mailing.</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">BEST AVAILABLE COPY</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 126124-4	
Applicant(s): Dixit, et al.						
Application No. 10/758,347	Filing Date January 15, 2004	Examiner S. Sastri	Customer No. 43248	Group Art Unit 1713	Confirmation No. 5316	
Invention: METHOD FOR PREPARATION OF AN ANTHRAQUINONE COLORANT COMPOSITION						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24 -	24 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0862 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div> _____ Pamela J. Curbelo Registration No. 34,676 Customer No. 43248 (860) 286-2929</div><div>Dated: October 7, 2004</div></div>						
<div style="display: flex; justify-content: space-between;"><div>cc:</div><div style="border: 1px solid black; padding: 5px; width: 40%;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;">October 7, 2004 (Date)</p><div style="text-align: center;"> _____ Signature of Person Mailing Correspondence Sonia Mancini VIA FACSIMILE Typed or Printed Name of Person Mailing Correspondence</div></div></div>						

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